**LOCAL LEAVE INDEMNITY FORM**

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| --- | --- |
| Ship: |  |
| Ship Owner’s Name: |  |

|  |  |
| --- | --- |
| Date of departure for ship / sign off \*: |  |
| Date of sign on / repatriation\*: |  |

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| --- |
| In consideration of your allowing me to break my journey during the course of my joining / leaving\* the ship as above.  I, the undersigned, indemnify and hold harmless the owners of the above vessel and their servants, agents, any Insurer or Indemnity Association and managers from any and all claims whatsoever including accidents, disability or death arising as a result of my action to break journey as fore said.  For the purpose of this indemnity the above owners shall be deemed to contract on behalf of and for the benefit of all persons who are or may be their servants, agents or independent contractors from time to time. All such persons shall, to this extent be or be deemed parties to this agreement. |

|  |  |
| --- | --- |
| Date: |  |
| Crewmember’s name: |  |
| Crewmember’s signature: |  |

\* Delete as applicable